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Substitute for form 1449/PTO	Complete if Known		
	Application Number		
INFORMATION DISCLOSURE	Filing Date	Concurrently	
	First Named Inventor	FRANCESCO GALLO	
STATEMENT BY APPLICANT	Art Unit	·	
(Use as many sheets as necessary)	Examiner Name		
eet 1 of 1	Attorney Docket Number	DE030281	

Examiner	Cite	ita Decument Number Dublication Co		NT DOCUMENTS		
Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
/AW/		^{US-} 6,405,027	6-11-02	BELL		
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		FOREI	GN PATENT DOCU	MENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
		Country Code ³ Number ⁴ 'Kind Code ⁵ (If known)	MM-DD-YYYY		Or Relevant Figures Appear	T⁰
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Examiner Signature	/Andrew Wendell/	Date Considered	10/05/2007

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